

**STANDARD OPERATING PROCEDURE FOR
VIRGINIA PHYSICIAN STRIKE TEAMS**

edition 1.1

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REFERENCES:

Virginia Emergency Services and Disaster Law of 1973, as Amended (Title 44, Chapter 3.2, Code of Virginia).

Virginia State Government Volunteers Act (2.1-554 through 2.1-558, Code of Virginia).

Commonwealth of Virginia Emergency Operations Plan, Executive Order Seventy Three (97).

Memorandum of Understanding with the Virginia Department of Health Professions

Memorandum of Understanding with the Virginia Hospital and Healthcare Association

Memorandum of Understanding with the Virginia Chapter, American College of Emergency Physicians.

Memorandum of Understanding with the Virginia Medical Society.

Memorandum of understanding with the Virginia Chapter of the American Academy of Medical Administrators.

1. ORGANIZATIONAL MODEL:

a. The standard National Wildfire Coordinating Group (NWCG) Incident Command System (ICS) establishes three types of resources: Single Resources, Task Forces, and Strike Teams. A Strike Team is defined as several of the same type of Single Resource under the leadership of a single Unit Leader. The Physician Strike Team is established as a Strike Team because (1) the NWCG ICS model is a standard for large-scale incidents in Virginia and because (2) Strike Teams are a standard resource component in response under the Emergency Management Assistance Compact, the method Virginia uses to deploy resources to other states.

b. The Physician Strike Teams will be organized internally as two regional teams:

(1) Strike Team West:

(2) Strike Team East:

2. MISSION: To provide medical expertise in the disaster impact area in support of deployed emergency medical services resources of the Virginia Office of Emergency Medical Services and to assist local jurisdictions in management of the medical aspects of disasters.

3. COMPOSITION:

a. Physician Strike Teams will be composed of sufficient personnel to maintain 24 hour operations in the impact area if required.

(1) As a minimum a deployed Strike Team should consist of at least two physicians in uncomplicated events in which the primary requirement will be support of the Virginia Emergency Medical Services Task Forces.

(2) As the scope of an event increases, the intensity of operations increases, and requirements for liaison with other health and medical functions increases, additional personnel may be added to a maximum strength of five members.

b. Primary members of Strike Teams will be recognized Operational Medical Directors under the provisions of the current Rules and Regulations of the Virginia Board of Health for Emergency Medical Services. As appropriate Physicians in other specialties of potential value such as environmental health, pediatrics, toxicology, infectious disease, etc. may be added to Strike Teams. In addition, uniquely qualified individuals in other critical specialties including Nursing and Medical Administration may be added to meet probable needs within the Strike Team's primary response area. Individuals other than Operational Medical Directors must bring to the Strike Team substantial expertise, disaster experience, and an understanding of the emergency medical services system.

c. Initial organization will be two Strike Teams, Physician Strike Team East, and Physician Strike Team West, with organizational boundaries based on the service areas of Regional Emergency Medical Services Councils.

d. Each Strike Team will select one or more individuals to serve as Team Leaders. Team leaders will be responsible for administrative management of the Strike Team and for direction of Strike Team operations in the field.

e. Strike Team members who are enrolled on a formal basis in a Strike Team, attend training, and participate in exercises and drills are considered Regular Service Volunteers of the Virginia Office of Emergency Medical Services under the provisions of the Virginia State Government Volunteers Act. Each individual must have completed the Virginia Emergency Services Oath and an ESF-8 Team Member Application must be on file at the Office of Emergency Medical Services.

f. Identification: Individuals who are Strike Team Members or Leaders will be identified by a standard picture identification card.

4. VOLUNTARY RESPONSE: Members of the Physician Strike Teams offer their services to the Commonwealth on a voluntary basis. Each participating team member should evaluate the conditions of his or her own practice and the requirements of the community in which they practice before responding to a Strike Team mobilization.

5. EMPLOYMENT:

a. **Notification:** On notification of a potential or actual disaster, the Emergency Support Center or a designated staff member of the Office of Emergency Medical Services will place the Strike Team on alert for response.

b. **Alert, Activation, and Tasking:**

(1) **Alerting Roster:** All Strike Teams will complete and forward to the Office of Emergency Medical Services an ESF-8 Team Data sheet at least once a quarter, or when there are changes. Contact persons listed on the roster should be listed in the order of preference for contact.

(2) **Alerting:** The Emergency Support Center will directly notify the Strike Team Leader of the emergency situation using any available means, including by telephone, facsimile, or pager. Changes in Alert State will be made based on the characteristics of the developing disaster and on the need to give Team members sufficient time to mobilize. These States of Alert are:

(a) 12 Hour – the potential exists for a developing event to become a disaster and require response. However, no requests for assistance have been received.

(b) 6 Hour – a disaster event is in progress and may require a medical response. Local jurisdictions are submitting various request for assistance, but no medical requests have been received.

(c) 3 Hour – medical assistance is either being called for or is likely to be called for and the Strike team should be ready to move within 3 hours of notification.

(d) Stage At Home – specific requests for medical resources are being worked. The Strike Team should assemble at its staging point ready to receive mission orders and be deployed.

c. **Length Of Operations:** The Physician Strike Team will normally be deployed to operate for the duration of the period that Virginia Office of Emergency Medical Services Disaster Task Forces are on scene. Normal maximum deployment length is 72 hours. If operations extend beyond that point a second Team will normally replace the Team on scene.

d. **Command and Control:**

(1) Physician Strike Team Members serve as operational medical directors for deployed Disaster Task Forces with the authority of an operational medical director.

(2) Physician Strike Team Leaders command their Strike Teams and are responsible for managing their resources in the disaster area.

(3) Physician Strike Teams report administratively and tactically to the Coordination Team and receive logistics and communications (including reporting) support through the Coordination Team.

(4) Alerting, mission orders, and reports will be standard Office of Emergency Medical Services voice format reports.

(5) Strike Team leaders and members should monitor The Virtual Emergency Operations Center during developing disaster events. The Virtual Emergency Operations Center provides current information on health and medical operations in Virginia and disseminates Office of Emergency Medical Services formatted reports. Strike Teams can also report their status and provide current situation information through its pages. It can be accessed at <http://www.virtualeoc.org> or Internet Protocol address <http://209.51.152.85/>.

e. **Use For Out-of-State Response:** The Strike Team may operate as a component of a state ESF-8 response under the Emergency Management Assistance Compact (EMAC). No resources will be dispatched out-of-state until requested through the Virginia Department of Emergency Management with an EMAC mission assignment.

e. **Time:** Local time will be the standard time used for operations, expressed in 24 hour clock time (for example, 6:00 am is 0600, 6:00 pm is 1800). Date and time will be expressed as a date-time group of 6 numbers (date and time), the month, and the year.

6. MISSION TASKING: The Physician Strike Team will perform the following functions at disaster sites:

a. On scene medical direction for the Virginia Emergency Medical Services Task Forces as required.

b. Medical assessment of the scope and impact of disaster events on the impact area population, emergency medical services, hospitals, other medical system components, medical service levels, and medical supply adequacy.

c. Medical liaison with the Director and professional staffs of the impact area Districts of the Virginia Department of Health.

d. Medical liaison with the impact area Trauma Center and acute care hospitals, emergency medical services operational medical directors, and medical community as appropriate.

e. Medical liaison with Federal government military and National Disaster Medical System assets deployed to the impact area.

f. Technical assistance to the impact area Health District, hospitals, and medical community as required.

g. Assistance to local jurisdictions in the determination of requirements for assistance by outside medical organizations and coordination of these requests with the Emergency Support Center and the Virginia Emergency Operations Center.

7. TRAINING: Members of the Physician Strike Team will complete standard strike team member training conducted by the Virginia Office of Emergency Medical Services. In addition they will complete such additional training as is routinely required of Operational Medical Directors in the Commonwealth of Virginia, and disaster specific training identified as appropriate by the Strike Team.

8. EQUIPMENT: Members of the Physician Strike Team will be expected to operate for extended periods of time at disaster sites. The role of Strike Team members does not require that they provide medical equipment to perform their duties. However, each Strike Team member will be expected to provide such personal equipment as may

be necessary to allow him or her to work and rest for 72 hours under primitive conditions. Appendix 1 provides a minimum suggested personal equipment and supplies list.

9. USE OF STRIKE TEAM IN EXERCISES: The Physician Strike Team will support the Office of Emergency Medical Services as required in disaster exercises and drills in which the Coordination Teams and Emergency Medical Services Task Forces participate.

10. LIABILITY AND INSURANCE:

a. **Individual Liability:** When placed on duty at the direction of the Emergency Support Center, enrolled Strike Team members will be covered by the liability provisions of the Virginia Emergency Services and Disaster law of 1973 as amended and the Virginia State Government Volunteers Act.

b. **Workers Compensation:** Worker's Compensation coverage may be available for dispatches of volunteer Strike Teams under actual disaster conditions when these dispatches are directed by the Department of Emergency Management.

11. UNIFORMS AND INSIGNIA: Physician Strike Team members will wear a standard uniform appropriate for field or office work when performing their duties at disaster sites.

12. RECOGNITION: Physician Strike Team personnel are eligible to be awarded Virginia Health and Medical Emergency Response Team awards for disaster service and meritorious service. Eligibility criteria and procedures for recommendation and processing of these awards are specified in HMERT Standard Operating Procedures. Strike Team Leaders are encouraged to promptly nominate deserving individuals for awards.

Attachment 1

RECOMMENDED PERSONAL EQUIPMENT FOR PHYSICIAN STRIKE TEAM MEMBERS

The Commonwealth of Virginia has not established minimum equipment lists for personnel responding to disasters. However, experience of other agencies and teams indicate the following as being reasonable minimum personal equipment for Strike Team members who will be deployed into a disaster area. We recommend standardization of supplies and standard packing plans within Strike Teams. This list is based on 72 hours of operations and assumes that members will report for duty in uniform.

- set personal identification cards:
 - drivers license
 - health insurance card
- 2 cotton uniform pants
- 2 cotton uniform shirts
- 2 pairs underwear
- 3 pairs socks, preferably heavy, padded foot, boot socks
- 3 handkerchiefs
- 1 pair leather work gloves
- 1 helmet or hard hat meeting all standards for protection from falling objects and from electrical sources
- 1 set turnout coat and pants
- 1 pair boots
- 1 pair pair work shoes or boots with protective toes
- 1 safety goggles
- 1 pair sunglasses
- 1 pair spare prescription glasses, if worn
- 1 set rain gear - rain pants and coat
- 1 utility or heavy duty pocket knife
- 1 canteen, 1 quart minimum
- 1 sleeping bag with ensolite or better pad
- 1 set personal eating utensils
- 1 large Sierra cup or equivalent that can be used for cooking and drinking
- 1 pack waterproof matches

- 1 insect repellent, preferably including tick repellent
- 1 high PF sunscreen
- 1 pack moleskin
- 1 selection of bandaids
- 1 chapstick
- 1 first aid cream, preferably including sunburn treatment
- 1 roll toilet paper in waterproof bag or container
- 1 set personal hygiene supplies as indicated, including (consider using waterless and biodegradable products designed for camping use):
 - soap
 - tooth brush
 - tooth paste
 - shampoo
 - shaving cream
 - razor
- 1 washcloth
- 1 towel
- 1 set any prescription medicines in a waterproof bag or container